

Oklahoma Department of Public Safety
Wrecker Service Division

Student Training Sheet
(Please print)

* Name: _____ * Date: _____

* Driver license number: _____ * Wrecker DPS number: _____

* Wrecker name: _____ * Town: _____

Any Formal Wrecker Related Training: Y N Date: _____

Training Class Name: _____

Trainer's name: _____ Trainer's email: _____

Training web site: _____ Trainer's phone: _____

TIMs Training: Y N Date: _____

Continued Education: (check one) Class/Event Video Company

DPS Operator Training: Y N Other Event: _____

Trainer Name: _____ Training Date & Hours: _____

Video/Online Name: _____ Website: _____

Video Length: _____ Date Viewed: _____ Verified by: _____

Company Trained: Y N Company Name: _____ DPS #: _____

Instructor Name: _____ Company Phone: _____ Hrs Trained: _____

Trained on: (check one) Controls Loading Secure Safety Other _____

(For DPS approved Trainers only)

Trainer name: _____ Trainer number: _____

Training location: _____

Trainer signature: _____

DPS use only: date: _____ by: _____ hr approved: _____